

**INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY  
FIRST HOME/PLUS  
2008 PROGRAM REGISTRATION FORM**

**THIS FORM MUST BE EXECUTED FOR EACH ORIGINATING OFFICE PARTICIPATING IN THE PROGRAM.**

I/WE will participate in the Indiana Housing & Community Development Authority's (IHCDA) First Home and First Home/Plus Program.

COMPANY NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
(NUMBER YOU WISH BORROWERS TO CALL OR IHCDA TO FAX, **BROKER NUMBER** IF APPLICABLE)

**Please list foreign languages spoken fluently in your office.**

\_\_\_\_\_

**PLEASE CHECK TYPE OF LOAN(S) YOU ARE APPROVED TO CLOSE. YOU CAN ONLY MAKE A RESERVATION FOR A LOAN THAT YOU CAN CLOSE.**

FHA\_\_\_\_ VA\_\_\_\_ FANNIE MAE\_\_\_\_ FREDDIE MAC\_\_\_\_ RURAL DEVELOPMENT\_\_\_\_

**Please list below the name of the person from your organization to whom mail and email is to be sent as well as telephone inquires/information from IHCDA.**

**APPLICATION CONTACT NAME** \_\_\_\_\_

**APPLICATION CONTACT PHONE #** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**APPLICATION CONTACT EMAIL ADDRESS** \_\_\_\_\_  
(An email address is required)

Please note that the contact person will be responsible for giving everyone in your office access to Lender Online. IHCDA will not give usernames or passwords to anyone other than the contact person listed above. If you will be closing loans for a Broker, the attached Appendix must be completed and signed by all necessary parties. This section is to be completed as contact information for the Lender only. Check here if Broker applicable ☐.

**LENDER ONLINE USERNAME** \_\_\_\_\_

**LENDER ONLINE PASSWORD** \_\_\_\_\_

**PLEASE LIST ALL COUNTIES IN ALPHABETICAL ORDER THAT THIS ORIGINATING OFFICE WILL SERVICE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in them First Home and First Home/Plus Program.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SHERRY SEIWERT, EXECUTIVE DIRECTOR

**INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY  
FIRST HOME/PLUS  
2008 PROGRAM REGISTRATION FORM  
BROKER APPENDIX TO APPLICATION CONTACT SHEET**

\_\_\_\_\_, an Indiana approved Broker, will be using \_\_\_\_\_, an IHCD A Participating Lender, to close loans through the IHCD A First Home and First Home/Plus program. All application issues will be the responsibility of the Broker to correct and complete for loan closing approval. The Broker understands that any fees related to the purchase of a First Home/Plus loan by the Master Servicer will be paid to the Participating Lender. If applicable, the said fees will be distributed to the Broker based on an agreement between the said Broker and the said Participating Lender. If applicable, any loans that must be repurchased due to non-compliance with IHCD A or the Master Servicer must be repurchased by the IHCD A Participating Lender. IHCD A will not be responsible or liable for any part of the agreement between the Broker and the Participating Lender. Any refund of fees to be paid on a loan after purchase, or cancellation if applicable, will be paid to the said Participating Lender. The Participating Lender will be responsible for refunding the fees to the Broker.

**Please list below the name of the person from the Broker's office whom IHCD A will set up access to Lender Online.**

**BROKER CONTACT NAME** \_\_\_\_\_

**BROKER ADDRESS** \_\_\_\_\_

**BROKER CONTACT PHONE #** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**BROKER CONTACT EMAIL ADDRESS** \_\_\_\_\_  
(An email address is required)

**Please note that the Broker contact person will be responsible for giving everyone in their office access to Lender Online. IHCD A will not give usernames or passwords to anyone other than the contact person listed above.**

**ONLINE USERNAME** \_\_\_\_\_

**ONLINE PASSWORD** \_\_\_\_\_

\_\_\_\_\_  
DATE BROKER AUTHORIZED OFFICER SIGNATURE

\_\_\_\_\_  
DATE PARTICIPATING LENDER AUTHORIZED OFFICER SIGNATURE

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in the First Home and First Home/Plus Program.

\_\_\_\_\_  
DATE SHERRY SEIWERT, EXECUTIVE DIRECTOR